



Missouri Pharmacy Program – Preferred Drug List



Hypercholesterolemia Agents
HMG Co-A Reductase Inhibitors (Statins):
Effective 09/01/2004
Revised 07/03/2008

Preferred Agents

- Lovastatin
- Simvastatin
- Pravastatin
- Lescol/Lescol XL®
- Crestor®
- Lipitor®

Non-Preferred Agents

- Pravigard Pac®
- Pravachol®
- Zocor®
- Advicor®
- Altoprev®
- Zetia®
- Altacor®
- Vytorin®

<u>Approval Criteria</u>	<u>Denial Criteria</u>
Failure to achieve desired therapeutic outcomes with documented trial period for 3 or more preferred agents.	Lack of adequate trial on required preferred agents.
Documented ADE/ADR to preferred agents.	Therapy will be denied if no approval criteria are met.
Documented compliance on current therapy regimen.	MAC pricing will be utilized when applicable.
	Drug Prior Authorization Hotline: (800)392-8030